INTRODUCTION

PURPOSE

Describe 30 programs that serve people with co-occurring mental health and substance abuse disorders in a community setting.

BACKGROUND

The National Comorbidity Survey, a large general population survey conducted from 1990 to 1992, found that 53 percent of respondents with alcohol abuse or dependence over their lifetime also had a mental disorder over their lifetime, while 36 percent had a lifetime illicit drug use disorder. Fifty-nine percent of the respondents with a history of illicit drug abuse or dependence over their lifetime also had a mental disorder over their lifetime, and 71 percent had a alcohol use disorder over their lifetime. In any given year, Survey data reflect that an estimated 7.6 to 9.9 million persons with co-occurring mental health and substance abuse (MH/SA) disorders.[1]

The literature strongly emphasizes the heterogeneity of this population in terms of types of mental disorders, levels of involvement with alcohol and other drugs, and degree of functioning. People with these co-occurring disorders can be very difficult to treat, with chronic and severe medical, social, and emotional problems and particular vulnerability to relapse. Few receive integrated treatment in a single setting, from a single clinician who addresses both disorders at the same time. Yet if treated for only one disorder, response to treatment is likely to be poor.

The broad social consequences of failing to adequately treat this population include homelessness, violence, crime, the spread of HIV/AIDS, tuberculosis, and sexually transmitted diseases, with their attendant demands on hospital emergency rooms and the public welfare and criminal justice systems.

Programs and Activities for Persons with Co-Occurring MH/SA Disorders

In the Department of Health and Human Services (HHS), the Public Health Service funds many services and activities relevant to this population.

The *Substance Abuse and Mental Health Services Administration (SAMHSA)* has many programs that are directly or indirectly targeted at people with co-occurring MH/SA disorders. The national advisory council of SAMHSA has a working group on Services

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[1] *Since NCS data reflect only the household population ages 15-54, a true picture of the magnitude of this problem must reflect an additional .1 million institutional population, .1 million homeless, .05 million youth age 0-14, and .4 to .6 million adults age 55 or over, for a total estimated 8.3 to 10.8 million individuals.*

Integration which is currently focusing on this issue. A SAMHSA work group has also been created to address this population.

Two SAMHSA service programs are specifically targeted at people with co-occurring MH/SA disorders. Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program to States and territories with a specific legislative mandate to serve persons with co-occurring MH/SA disorders. Funded at $29 million in Fiscal Year (FY) 1994, PATH provides mental health and other services to homeless individuals and at-risk populations that are severely mentally ill or have co-occurring MH/SA disorders. Secondly, a demonstration program for homeless individuals with co-occurring MH/SA disorders is overseen jointly by the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT). Sixteen providers received grants in September 1993 totalling $4 million to develop and test models of effective assessment and intervention for this population. In the second year, several providers will receive continuing grants to undertake a formal evaluation of their specific service delivery modalities.

Other SAMHSA programs include the mental health services block grant ($278 million for FY 1994) and the substance abuse prevention and treatment block grant ($1.1 billion in FY 1994). Nine Access to Community Care and Effective Services and Supports demonstration grants ($19.4 million) are testing services integration approaches for persons with severe mental illnesses and/or substance abuse. The Community Support Program has funded demonstration projects on persons with co-occurring MH/SA disorders.

Elsewhere in HHS, the *National Institutes of Health* fund research and services demonstrations through the National Institutes of Mental Health, Drug Abuse, and Alcohol Abuse and Alcoholism. The *Health Resources and Services Administration* funds the Health Care for the Homeless Program and Ryan White programs for persons with HIV/AIDS. The *Indian Health Service* funds services for American Indians and Alaska Natives. The *Health Care Financing Administration* funds Medicare and Medicaid for health care and related services. The *Social Security Administration* funds the Social Security Disability Income and Supplemental Security Income programs.

Outside HHS, the *Department of Veterans Affairs* and the *Department of Housing and Urban Development* (HUD) both deal with this population in their homeless as well as other programs. So does the *Department of Justice* via the courts, prisons, and jails.

While the above list of agencies and programs is long, we do not know the extent to which any of their services actually reach people with co-occurring MH/SA disorders. We did not find national data on the number of such clients served by any of these agencies and their programs.

Scope and Methodology

This study follows others we conducted on services to homeless people, especially those with mental illness or substance abuse, and community mental health services. In those studies, respondents pointed to persons with co-occurring MH/SA disorders, specifically, as underserved both in homeless and traditional service programs.

This report is a companion to another report ("Services to Persons With Co-occurring MH/SA Disorders", OEI-05-94-00150) which describes the experiences and perspectives of supervisors or managers, and staff who work directly with clients in treatment-related activities. The programs are all community-based (as opposed to inpatient) and were established specifically to treat people with co-occurring MH/SA disorders. In our early discussions with SAMHSA staff, we learned that information about front-line workers was of interest and would complement the programmatic information coming from the CSAT-CMHS demonstration program mentioned above.

This report describes the 30 programs in which the 71 respondents work. At our exit conference at SAMHSA on the first report, staff expressed interest in learning about the programs that these respondents work in. Hence we decided to produce this companion report.

We identified these 30 programs through references in the literature, descriptions of the special demonstration programs and other Federal programs, and suggestions from experts. Almost all of them treat clients with co-occurring MH/SA disorders exclusively, although a few also have some clients with mental illnesses or substance abuse problems only.

The programs are located in 20 States[2] and are very diverse both demographically and programmatically. Twenty-five percent are in metropolitan areas (cities over 500,000), 15 percent in small cities or rural areas, and the rest in medium-sized cities. The providers running the programs include mental health providers, substance abuse providers, private non-profit social service agencies, hospitals, and a veterans service agency. Seven are recipients of CSAT-CMHS demonstration funds, and two receive PATH funding.

Though we did not delve deeply into the origins of these programs, our strong impression is that the major impetus in their development was the recognition by key staff that this segment of their client population was growing, and that their needs were not being adequately met by existing services.

We conducted this inspection in accordance with the *Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

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[2] *Alaska, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Missouri, Nebraska, New York, Ohio, Oklahoma, Oregon, South Carolina, Texas, Vermont, Virginia, Wisconsin, and Wyoming.*